

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000075

AMENDED

Registration District No. 10Primary Registration District No. 3002Registrar's No. 14

STATE FILE NUMBER

FILED JAN 23 1962

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Amvasse</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Andrain Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Leon Willis Foster</u>			4. DATE OF DEATH Month Day Year <u>Jan 15 1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-98</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Line</u>		11. BIRTHPLACE (City and state or country) <u>Simmers, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Everett Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Stephens</u>	
14. NAME OF HUSBAND OR WIFE <u>Buelah Foster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Leon Foster</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>Prostatic carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE

21. I attended the deceased from <u>1940</u> to <u>Jan 15-62</u> and last saw him alive on <u>Jan 15-62</u> Death occurred at <u>10:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Amvasse Mo</u>	22c. DATE SIGNED <u>1-18-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-18-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Amvasse Cemetery</u>	23d. LOCATION (City, town, or county) <u>Amvasse</u>	(State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>January 18-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Keely</u>
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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas M. Commons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.